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CONFIRMATION NO. 5816

Bib Data Sheet

SERIAL NUMBER 09/029,251	FILING DATE 03/09/1998 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 5860
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**APPLICANTS**

THIERRY POURCHEZ, BETHUNE, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/FR96/01346 09/04/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 95/10573 09/05/1995

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

JOHN C KERINS  
 KERKAM STOWELL KONDRACKI & CLARKE  
 5203 LEESBURG PIKE  
 SUITE 600  
 FALLS CHURCH , VA 22041

**TITLE**

MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS

FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>APPLICANTS</b> THIERRY POURCHEZ, BETHUNE, FRANCE;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR96/01346 09/04/1996					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 95/10573 09/05/1995					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> John C Kerins MILES & STOCKBRIDGE P. C. 1751 Pinnacle Drive Suite 500 McLean ,VA 22102-3833					
<b>TITLE</b> MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS					
FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			

SERIAL NUMBER 09/029,251	FILING DATE 03/05/98	CLASS 604	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. 5860
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APPLICANT

THIERRY POURCHEZ, BETHUNE, FRANCE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

SS

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/FR96/01346 09/04/96

SS

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED FRANCE 95/10573

09/05/95

SS

## \*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials	Initials				

ADDRESS

JOHN C KERINS  
 KERKAM STOWELL KONDRACKI & CLARKE  
 5203 LEESBURG PIKE  
 SUITE 600  
 FALLS CHURCH VA 22041

TITLE

MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS

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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 029251 ✓	RECEIPT DATE:	03 / 05 / 98
IA NUMBER:	PCT/ FR96 / 01346 ✓	IA FILING DATE:	09 / 04 / 96
FAMILY NAME:	POURCHEZ ✓	DELAY WAIVED (Y/N):	N
GIVEN NAME:	THIERRY ✓	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y ✓	PRIORITY DATE:	09 / 05 / 95
NO BASIC FEE (Y/N):	N ✓	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	5820 ✓	COUNTRY:	FRX
CORRESPONDENCE NAME/ADDRESS:	JOHN C KERINS KERKAM STOWELL KÖNDRACKI & CLARKE ✓	TELEPHONE	
NAME:			
STREET:	5203 LEESBURG PIKE ✓		
	SUITE 600 ✓		
CITY:	FALLS CHURCH ✓		
STATE/COUNTRY:	VA ✓		
ZIP:	22041 ✓		
APPLICATION TITLES:	MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS ✓		

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